

RCH Code
(To be completed by RCH)



Residential Care Home Vaccination Programme
Vaccination Consent Form

eHS(S) Transaction No.	
1. TR	
2. TR	
Type of Vaccines*	Vaccination Date in 2022/23 (DD/MM/YY)
SIV (1 st / only dose)	/ /
SIV (2 nd) (if applicable)	/ /
PCV13	/ /
23vPPV	/ /
Name of VMO:	

- Note:
1. Please complete this form in BLOCK LETTERS using black or blue pen.
 2. This form is to be retained by the VMO after vaccination.

Part A Personal Particulars of the recipient (as stated on the identity document)									
The recipient is a resident / boarder of residential care home for <input type="checkbox"/> elderly <input type="checkbox"/> persons with disabilities; <input type="checkbox"/> a child of residential child care centre.									
Name	(English)		(Chinese)						
Date of Birth	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">dd</td> <td style="width: 33%;">mm</td> <td style="width: 33%;">yyyy</td> </tr> </table>	dd	mm	yyyy	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female			
dd	mm	yyyy							
Chinese Commercial Code	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>								
Identity Document (Please select an identity document by inserting a “×” in the appropriate box below and fill in the information required) <i>Note: Hong Kong Resident aged 11 or above should fill in either Hong Kong Identity Card or Certificate of Exemption.</i>									
<input type="checkbox"/> Hong Kong Identity Card No.	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;">()</td> <td style="width: 33%;"> </td> </tr> </table>		()		Date of Issue	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">dd</td> <td style="width: 33%;">mm</td> <td style="width: 33%;">yyyy</td> </tr> </table>	dd	mm	yyyy
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<input type="checkbox"/> Serial No. of the Certificate of Exemption	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> </tr> </table>								
Reference No.	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> </tr> </table>								
<input type="checkbox"/> HKIC No. as shown on the Certificate	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;">()</td> <td style="width: 33%;"> </td> </tr> </table>		()		Date of Issue	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">dd</td> <td style="width: 33%;">mm</td> <td style="width: 33%;">yyyy</td> </tr> </table>	dd	mm	yyyy
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<input type="checkbox"/> Hong Kong Birth Certificate Registration No.	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;">()</td> <td style="width: 33%;"> </td> </tr> </table>				()				
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<input type="checkbox"/> Hong Kong Re-entry Permit	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> </tr> </table>				Date of Issue	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">dd</td> <td style="width: 33%;">mm</td> <td style="width: 33%;">yyyy</td> </tr> </table>	dd	mm	yyyy
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<input type="checkbox"/> Document of Identity Document No.	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> </tr> </table>				Date of Issue	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">dd</td> <td style="width: 33%;">mm</td> <td style="width: 33%;">yyyy</td> </tr> </table>	dd	mm	yyyy
dd	mm	yyyy							
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B) Birth Entry No.	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;">()</td> <td style="width: 33%;"> </td> </tr> </table>		()		Permitted to remain until	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">dd</td> <td style="width: 33%;">mm</td> <td style="width: 33%;">yyyy</td> </tr> </table>	dd	mm	yyyy
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<input type="checkbox"/> Non- Hong Kong Travel Document No.	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> </tr> </table>								
Visa / Reference No.	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;">-</td> <td style="width: 33%;">()</td> </tr> </table>				-	()			
	-	()							
<input type="checkbox"/> Certificate issue by the Birth Registry for adopted Children – No. of Entry	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;">/</td> <td style="width: 33%;"> </td> </tr> </table>				/				
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*Acronyms: SIV: Seasonal Influenza Vaccine PCV13: 13-valent Pneumococcal Conjugate Vaccine
23vPPV: 23-valent Pneumococcal Polysaccharide Vaccine

